

Efficacy of Virechana karma and Vamana purvaka virechana karma in the management of Ekakushta w.s.r. Psoriasis – A comparative study

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Abstract

Healthy skin is the reflection of healthy body where in the affliction of former will not only have an impact on somatic make-up but also on psychological and social aspects of an individual. Among various varieties of Kushta (leprosy), Ekakushta takes upper hand by the way of its chronicity, severity, involving large extent of body parts, difficulty in its curability and is often compared to Psoriasis, a chronic, non-infectious skin disease characterized by well defined, slightly raised, dry, silvery erythematous macules and typical extensor distribution. Ekakushta, as it is predominant of Vata - Kapha dosha, the first line of treatment that comes into picture is Vamana Karma (Emesis Therapy). The prime cause for the manifestation of Kushta is mostly Viruddha Ahara (unwholesome food) which has to be handled by administering Virechana Karma (Purgation Therapy) and Vamana Karma (Emesis Therapy). In toto, the line of treatment of Kushta speaks about both Vamana Karma and Virechana Karma. In this regard, an approach of treatment blended with both Vamana Karma and Virechana Karma may be more effective in treating the disease Ekakushta. Hence, a comparative study was taken up to evaluate the effect of Virechana Karma in Group A and Vamana poorvaka Virechana Karma {Kramataha Shodhana (repetitive purification)} in Group B in the management of Ekakushta w.s.r. to Psoriasis and the results were statistically analysed.

Keywords

Ayurveda, Gout, Hyperuricemia, Uricosuric, Vatarakta, Xanthine Oxidase.

INTRODUCTION

In Ayurveda, the classification of diseases is mainly bifurcated under two headings viz., Santarpanottha (excessive nourishing) and Apararpanottha (nutritional deficiency), the understanding of which is very important to plan the appropriate line of treatment through Apararpana Chikitsa and Santarpana Chikitsa, respectively. Diseases such as

psoriasis presenting with bahudoshalaxshanas are to be viewed under santarpanottha vikaras, the management of which is through apararpana chikitsa, occupied mainly by Shodhanas such as Vamana Karma and Virechana Karma.[1] All the skin diseases in Ayurveda are categorized under Kushta among which

Psoriasis is commonly identified with Eka Kushta, a type of Kshudra Kushta. The line of treatment is mainly through repeated Shodhana which is best served by Vamana Karma and Virechana Karma.[2] Viruddha Ahara is being identified as the main causative factor for Kushta Vyadhi[3] and the Chikitsa of Viruddha Ahara by Acharya Charaka also lays emphasis on Vamana and Virechana karma[4] as the line of treatment but indirectly more importance is given to Virechana Karma.[5] And Kushta, though a Tridosha vikara is dominated mainly by Pitta as well as Rakta which has to be handled by adopting Virechana Karma. In addition to that, Kushta is a disease presenting with bahudosha, bhuri dosha and saptko dushya sangraha which requires repeated Shodhana that can be best served by Kramataha Shodana i.e., Vamana poorvaka Virechana Karma. Hence, a comparative study was taken up to evaluate the effect of Virechana Karma - Group A and Vamana poorvaka Virechana Karma (Kramataha Shodhana) - Group B in patients suffering from Psoriasis attending the OPD and IPD of SKAMCH&RC and the results were statistically analysed.

OBJECTIVES OF THE STUDY

- To evaluate the efficacy of Virechana Karma in Eka Kushta w.s.r. to Psoriasis.
- To evaluate the efficacy of Vamana poorvaka Virechana Karma in Eka Kushta w.s.r. to Psoriasis.

MATERIALS AND METHODS

SOURCE OF DATA

- Twenty patients of Eka Kushta w.s.r. to Psoriasis coming under the inclusion criteria approaching the OPD and IPD of SKAMCH&RC, Bangalore were selected for the study on the basis of purposive sampling technique.

METHOD OF COLLECTION OF DATA

- This is a comparative clinical study with pre-test & post-test design where in twenty diagnosed patients of Eka Kushta w.s.r. to Psoriasis were randomly assigned into two groups comprising of ten patients in each.
- A special case proforma containing details necessary for the study was prepared and clinical data was analysed by adopting the statistical methods such as – paired sample ‘t’ test and unpaired ‘t’ test.

DIAGNOSTIC CRITERIA

- Signs and Symptoms of Eka Kushta and Psoriasis
- Koebner phenomenon

- Candle grease sign
- Auspitz's sign

INCLUSION CRITERIA

- Patients presenting with the signs and symptoms of Eka Kushta and Psoriasis.
- Patients of either sex between the age group of 16-60 years.
- Patient fit for Virechana Karma.
- Patient fit for Vamana Karma.

EXCLUSION CRITERIA

- Patients with major systemic diseases that may interfere the course of treatment.

STUDY DESIGN

- It is a comparative clinical study of Virechana Karma and Vamana Karma Poorvaka Virechana Karma in the management of Eka Kushta w.s.r. to Psoriasis where in pre-test and post-test design was done in both the groups.

INTERVENTION

Twenty patients of Eka Kushta w.s.r. to Psoriasis who fulfil the inclusion criteria were selected on the basis of purposive sampling technique and randomly divided into two groups viz., Group – A and Group – B consisting of ten patients in each group.

Group – A Virechana Karma

- Pachana-Deepana (igniting the digestive fire and digestion of undigested food) was done with Panchakola Churna[6] 3grams thrice in a day before food with Greentree Group

Ushna Jala (hot water) to the minimum of 3 days and maximum of 7 days or till Nirama lakshanas (no indigestion) which was earlier.

- ArohanaKrama Snehapana (increasing dosage of internal ghee consumption) was done with Amruta Ghrita[7] followed by Ushna Jala based on koshta (nature of bowel habits) and agni (digestive fire) of patient till samayak snigdha lakshanas (proper Oleation).

- During three days of Vishrama kala (rest period), Sarvanga Abhyanga (body massage) was done with Suryapaki Kutajapatra Taila followed by Bashpa Sweda (steam bath).

- On next day, following Sarvanga Abhyanga and Bashpa Sweda, Virechana was done with Trivrut Avalehya[8] followed by Ushna Jala based on koshta of patient.

- Based on shuddhi (purification), Samsarjana Krama (post diet) was advised for 3 to 7 days.

Group – B – Vamana Poorvaka Virechana Karma

- Pachana-Deepana was done with Panchakola Churna 3grams thrice in a day before food with Ushna Jala to the minimum of 3 days and maximum of 7 days or till Nirama lakshanas which was earlier.

- ArohanaKrama Snehapana was done with Amruta Ghrita followed by Ushna Jala

based on koshta and agni of patient till samayak snigdha lakshanas were seen.

- On the day of Vishrama kala, Sarvanga Abhyanga with Suryapaki Kutajapatra Taila and Bashpa Sweda along with kapha Utkleshakara ahara (food increasing Kapha dosha).
- On the next day, following Sarvanga Abhyanga and Bashpa Sweda, Vamana was conducted with Madanaphala Yoga.[9]
- Based on shuddhi, Samsarjana Krama was advised for 3 to 7 days.
- After Samsarjana Krama, Pachana-Deepana was done on 8th day after Vamana with Panchakola Churna 3grams thrice in a day before food with Ushna Jala.
- ArohanaKrama of Snehapana was done for 3 days with Amruta Ghrita followed by Ushna Jala based on the koshta and agni of the patient.
- During 3 days of Vishrama kala, Sarvanga Abhyanga was done with Suryapaki Kutajapatra Taila followed by Bashpa Sweda.
- On next day, following Sarvanga Abhyanga and Bashpa Sweda, Virechana

was done with Trivrut Avaleha followed by Ushna Jala based on koshta of patient.

- Based on shuddhi, Samsarjana Krama was advised for 3 to 7 days.

DURATION OF THE STUDY

- In Group A, the total duration of study ranged from 13 to 25 days. (Pachana 3 to 7 days, Snehapana 3 to 7 days, Vishrama Kala 3 days, Virechana 1 day, Samsarjana Krama 3 to 7 days).
- In Group B, the total duration of study ranged from 22 to 38 days. (Pachana 3 to 7 days, Snehapana 3 to 7 days, Vishrama Kala 1 day, Vamana 1 day, Samsarjana Krama 3 to 7 days, Pachana 1 day, Snehapana 3 days, Vishrama Kala 3 days, Virechana 1 day, Samsarjana Krama 3 to 7).

ASSESSMENT CRITERIA

The subjective and objective parameters were assessed using different grading and scoring methods before and after the treatment in Table 1.

TABLE 1 SHOWING GRADINGS OF ASSESSMENT PARAMETERS

SUBJECTIVE PARAMETERS

ITCHING		ERYTHEMA	
No itching	0	Normal skin	0
Mild / occasional itching	1	Faint erythema on lesions or near to normal	1
Moderate (tolerable) infrequent itching	2	Blanching + Red colour on lesions	2
Severe itching frequently	3	No blanching + Red colour on lesions	3
Very severe itching disturbing sleep and other activities	4	Red colour + Subcutaneous involvement on lesions	4
SCALING		ANHYDROUS	
No Scaling	0	Non Anhydrous	0
Scaling off between 15 – 28 days	1	Mild, Present in very few lesions	1
Scaling off between 7 – 14 days	2	Moderate, Present in few lesions	2
Scaling off between 4 – 6 days	3	Excess, Present in all lesions	3
Scaling off between 1 – 3 days	4	Excess, Anhydrous in both lesions and uninvolved skin	4
DRYNESS		ELEVATION	
No line on scrubbing with nail on lesions	0	No elevation on lesions	0
Faint line on scrubbing by nails on lesions	1	Slight elevation on lesions that cannot be felt	1
Lining & even words can be written on scrubbing by nail on	2	Elevation on lesions can be felt but depressed in middle	2

lesions			
Excessive Dryness leading to Itching on lesions	3	Elevation in all lesions but soft	3
Dryness leading to crack formation on lesions	4	Elevation in all lesions and hard	4
EPIDERMAL THICKENING			
No thickening on lesions	0		
Mild thickening on lesions	1		
Moderate thickening on lesions	2		
Severe thickening on lesions	3		
Severe thickening with induration on lesions	4		
OBJECTIVE PARAMETER			
PASI			
PASI scoring was calculated by using PASI Worksheet of British Columbia, a Ministry of health service.			

RESULTS

The observations of the clinical study were classified by preparing the master chart and presented in tabular form and suitable graphical presentations. The results of the study were analysed by subjecting the assessment parameters for statistical test such as paired t test for assessment of results

within the group and unpaired t test for the assessment of result in between the groups.

Table 2 Showing the Observations in Group A and Group B

Table 3 Showing the result within Group A “paired ‘t’ test”

Table 4 Showing the result within group B “paired ‘t’ test”

Table 5 Showing the result in between Group A and Group B “unpaired ‘t’ test”.

TABLE 2 SHOWING THE OBSERVATIONS IN GROUP A AND GROUP B						
Parameter	Group A			Group B		
	Category	Value	%	Category	Value	%
Age in Years	21-30	8	80%	31-40	6	60%
Sex	Female	7	70%	Female	8	80%
Religion	Hindu	8	80%	Hindu	7	70%
Education	Graduation	7	70%	Graduation	6	60%
Marital Status	Unmarried	6	60%	Married	7	70%
Socio-economic Status	Middle class	8	80%	Middle class	9	90%
Family history	Absent	9	90%	Absent	7	70%
Diet	Mixed	10	100%	Mixed	6	60%
H/o Viruddha Ahara	Present	8	80%	Present	7	70%
Exposure to AC	Absent	7	70%	Absent	6	60%
Prakruti	Vata Kapha	8	80%	Vata Kapha	8	80%
Sara	Mamsa	6	60%	Mamsa	7	70%
Samhanana	Madhyama	9	90%	Madhyama	9	90%
Pramana	Madhyama	9	90%	Madhyama	9	90%
Satmya	Vyamishra	9	90%	Vyamishra	9	90%
Satva	Madhyama	7	70%	Madhyama	8	80%
Abhyavaharana Shakti	Avara	9	90%	Avara	9	90%
Jarana Shakti	Avara	9	90%	Avara	9	90%
Vyayama Shakti	Avara	9	90%	Avara	9	90%
Vaya	Sampurna	8	80%	Sampurna	7	70%

DISCUSSION

In the present study, it was clearly evident that the incidence was high in *Vata Kaphaja Prakruti* persons presenting with *Vata*

Kaphaja Vikruti. Table 3 and 4 Paired ‘t’ test (within the group) showed highly significant results in both the groups in all parameters i.e., (Itching, Erythema, Scaling, Anhydrous, Dryness, Elevation, Epidermal thickening and PASI) with p value < 0.001 except in Anhydrous, Dryness Epidermal thickening and Erythema parameters with p

value > 0.05 (non-significant) in Group A. Table 5 unpaired ‘t’ test (between the group) showed highly significant results in between the groups after treatment of all parameters (Itching, Erythema, Scaling, Anhydrous, Dryness, Elevation, Epidermal thickening and PASI) with p value < 0.001. The line of treatment of *Kushta* and *Viruddha Ahara* signifies the importance of *Shodhana* in order to relieve the signs and symptoms of *Kushta*. Moreover, to prevent the relapse of the same, the present study also reveals the importance of *Kramataha shodhana* in the form of *Vamanapoorvaka Virechana*

Karma. Though both the groups revealed statistically significant results, Group B treated with *Vamana Poorvaka Virechana* has shown statistically more significant result compared to that of Group A treated with *Virechana Karma* alone.

TABLE 3 SHOWING THE RESULT WITHIN GROUP A PAIRED ‘t’ TEST

Parameter	Mean	SD	SE	t value	P value	Remarks
Itching	1.2	0.03	0.133	9.0000	< 0.001	HS
Anhydrous	0.70	0.05	0.153	4.5826	> 0.05	NS
Dryness	0.80	0.42	0.133	6.0000	> 0.05	NS
Epidermal thickening	0.80	0.35	0.133	6.0000	> 0.05	NS
Elevation	1.20	0.04	0.133	9.0000	< 0.001	HS
Erythema	0.70	0.10	0.153	4.5826	> 0.05	NS
Scaling	0.90	0.31	0.100	9.0000	< 0.001	HS
PASI	14.1	2.92	1.178	11.9690	< 0.001	HS

TABLE 4 SHOWING THE RESULT WITHIN GROUP B PAIRED ‘t’ TEST

Parameter	Mean	SD	SE	t value	p value	Remarks
Itching	2.8	0.37	0.13	21.00	< 0.001	HS

Anhydrous	2.50	0.40	0.167	15.00	< 0.001	HS
Dryness	2.90	0.22	0.100	29.00	< 0.001	HS
Epidermal thickening	2.80	0.37	0.133	21.00	< 0.001	HS
Elevation	2.80	0.37	0.133	21.00	< 0.001	HS
Erythema	2.90	0.15	0.100	29.00	< 0.001	HS
Scaling	2.90	0.25	0.100	29.00	< 0.001	HS
PASI	30.3	7.02	2.621	11.56	< 0.001	HS

CONCLUSION

Eka Kushta w.s.r. to Psoriasis can be considered under *Santarpana* condition which has to be treated on the lines of *Apatarpana Chikitsa*. *Vamana Karma* and *Virechana Karma* occupies major place in treating the above condition. Patients treated with *Vamana Poorvaka Virechana Karma* have shown comparatively significant result than that of *Virechana* Group alone highlighting the significance of *Kramataha Shodhana*.

TABLE 5 SHOWING THE RESULT IN BETWEEN GROUP A AND GROUP B UNPAIRED 't' TEST

Parameter	BT/ AT	Group	Mean	SD	SE	PSE	t value	p value	Remarks
Itching	BT	A	3.50	0.85	0.27	0.380	0.00	-	-
		B	3.50	0.85	0.27				
	AT	A	2.30	0.82	0.26	0.302	5.30	< 0.001	HS
		B	0.70	0.48	0.15				
Anhydrous	BT	A	2.80	0.79	0.25	0.361	0.27	> 0.05	NS
		B	2.70	0.82	0.26				
	AT	A	2.10	0.74	0.23	0.269	7.07	< 0.001	HS
		B	0.20	0.42	0.13				
Dryness	BT	A	3.80	0.42	0.13	0.258	0.77	> 0.05	NS
		B	3.60	0.70	0.22				
	AT	A	3.00	0.00	0.00	0.153	15.05	< 0.001	HS
		B	0.70	0.48	0.15				
Epidermal Thickening	BT	A	3.70	0.67	0.21	0.343	0.58	> 0.05	NS
		B	3.50	0.85	0.27				
	AT	A	2.90	0.32	0.10	0.183	12.04	< 0.001	HS
		B	0.70	0.48	0.15				
Elevation	BT	A	3.70	0.67	0.21	0.343	0.58	> 0.05	NS
		B	3.50	0.85	0.27				
	AT	A	2.50	0.71	0.22	0.271	6.64	< 0.001	HS
		B	0.70	0.48	0.15				
Erythema	BT	A	3.20	0.63	0.20	0.283	0.00	-	-
		B	3.20	0.63	0.20				
	AT	A	2.50	0.53	0.17	0.226	9.73	< 0.001	HS
		B	0.30	0.48	0.15				
Scaling	BT	A	3.80	0.63	0.20	0.292	0.34	> 0.05	NS
		B	3.70	0.67	0.21				
	AT	A	2.90	0.32	0.10	0.167	12.60	< 0.001	HS
		B	0.80	0.42	0.13				
PASI	BT	A	46.80	11.5	3.64	5.521	0.56	> 0.05	NS
		B	43.70	13.1	4.15				
	AT	A	32.70	8.60	2.72	3.334	5.78	< 0.001	HS
		B	13.40	6.10	1.93				

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